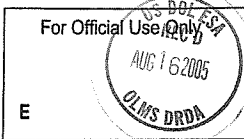


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>8451</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>TERRY G BUMPERS</u> P.O. Box, Bldg., Room No., if any Street <u>5932 WESCOTT HILLS WAY</u> City <u>ALEXANDRIA</u> State <u>VA</u> ZIP Code + 4 <u>22315</u>	4. Name, file number, and address of labor organization. Name <u>LABORERS INT. UNION OF N. A.</u> Labor Organization File Number <u>000-131</u> P.O. Box, Building and Room Number, if any Street <u>905 16th STREET N.W.</u> City <u>WASHINGTON</u> State <u>DC</u> ZIP Code + 4 <u>20006</u>
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>[Signature]</u>	On <u>8/12/05</u> Date <u>(202) 942-2237</u> Telephone Number

Name of Person Filing **TERRY G. BUMPERS**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **LABORERS' HEALTH + SAFETY FUND (LHSF)**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **905 16TH ST. NW**

City **WASHINGTON**

State **DC**

ZIP Code + 4 **20006**

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

**PROVIDES HEALTH AND SAFETY ASSISTANCE  
TO RELATED FUNDS AND SIGNATORY EMPLOYERS**

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

**1/16/04 - TRI-FUND CONFERENCE  
HAD DINNER AT RESTAURANT**

12.b. Amount.

**\$87**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐

or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing **TERRY G. Bumpers**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **LABORERS EMPLOYERS COOP. + EDU. TRUST**Trade Name, if any: P.O. Box, Bldg., Room No., if any Street **905 16<sup>th</sup> ST. NW**City **WASHINGTON**State **DC** ZIP Code + 4 **20006**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

11.a. Nature of such dealing.

**LABORERS EMPLOYERS COOP. TRUST (LECET)  
SECURES PROJECTS + JOBS, INCREASES UNION-  
SECTOR MARKET SHARE, ADVERTISES THEIR  
SERVICES, DEVELOPS A WORKFORCE, AND  
ADVANCES SHARED MARKET RELATED  
INTERESTS**11.b. Approximate dollar value of such dealing. 

12.a. Nature of interest held or income received.

**1/17/04  
ATTENDED LECET DIRECTORS COUNCIL  
MEETING. HAD BREAKFAST**12.b. Amount. **\$33**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?14.b. Amount of payment.

Name of Person Filing **TERRY G. BUMPERS**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **LABORERS' HEALTH + SAFETY FUND (LHSF)**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **905 16TH ST. NW**City **WASHINGTON**State **DC**ZIP Code + 4 **20006**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

**PROVIDES HEALTH AND SAFETY ASSISTANCE  
TO RELATED FUNDS AND SIGNATORY EMPLOYERS**

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

**11/17/04 - TRI - FUND CONFERENCE  
HAD DINNER AT RESTAURANT**

12.b. Amount.

**\$ 74**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing **TERRY G. Bumpers**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **LABORERS' HEALTH + SAFETY FUND (LHSE)**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **905 16TH ST. NW**City **WASHINGTON**State **DC**ZIP Code + 4 **20006**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

**PROVIDES HEALTH AND SAFETY ASSISTANCE  
TO RELATED FUNDS AND SIGNATORY EMPLOYERS**

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

**1/19/04-TRI-FUND CONFERENCE  
HAD DINNER AT RESTAURANT**

12.b. Amount.

**\$102**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing <b>TERRY G. Bumpers</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **LABORERS EMPLOYERS COOP. + EDU. TRUST**  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street **905 16<sup>th</sup> ST. NW**  
City **WASHINGTON**  
State **DC** ZIP Code + 4 **20006**

9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State ZIP Code + 4

11.a. Nature of such dealing.

**LABORERS EMPLOYERS COOP. TRUST (LELET)  
SECURES PROJECTS + JOBS, INCREASES UNION-  
SECTOR MARKET SHARE, ADVERTISES THEIR  
SERVICES, DEVELOPS A WORKFORCE, AND  
ADVANCES SHARED MARKET RELATED  
INTERESTS**

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

**1/20/04  
ATTENDED TRI-FUND DINNER**

12.b. Amount.

**\$ 106**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing <b>TERRY G. Bumpers</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>LABORERS EMPLOYERS COOP. + EDU. TRUST</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <b>905 16<sup>th</sup> ST. NW</b></p> <p>City <b>WASHINGTON</b></p> <p>State <b>DC</b> ZIP Code + 4 <b>20006</b></p> <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> <p>11.a. Nature of such dealing.</p> <p><b>LABORERS EMPLOYERS COOP. TRUST (LECE) SECURES PROJECTS + JOBS, INCREASES UNION-SECTOR MARKET SHARE, ADVERTISES THEIR SERVICES, DEVELOPS A WORKFORCE, AND ADVANCES SHARED MARKET RELATED INTERESTS</b></p> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <p><b>2/18/04</b> <b>ATTENDED PIPELINE CONFERENCE RECEPTION</b></p> <p>12.b. Amount. <b>\$ 71</b></p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p> <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.a. Nature of payment.</p> <p>_____</p> <p>14.b. Amount of payment.</p> <p>_____</p>
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Name of Person Filing <b>TERRY G. Bumpers</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **LABORERS EMPLOYERS COOP. + EDU. TRUST**

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street **905 16<sup>th</sup> ST. NW**

City **WASHINGTON**

State **DC** ZIP Code + 4 **20006**

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

11.a. Nature of such dealing.

**LABORERS EMPLOYERS COOP. TRUST (LECEET) SECURES PROJECTS + JOBS, INCREASES UNION-SECTOR MARKET SHARE, ADVERTISES THEIR SERVICES, DEVELOPS A WORKFORCE, AND ADVANCES SHARED MARKET RELATED INTERESTS**

11.b. Approximate dollar value of such dealing. \_\_\_\_\_

12.a. Nature of interest held or income received.

**2/18/04 ATTENDED PIPELINE CONFERENCE BREAKFAST**

12.b. Amount. **\$27**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment. \_\_\_\_\_



Name of Person Filing **TERRY G. BUMPERS**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **LABORERS' HEALTH + SAFETY FUND (LHSF)**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **905 16th ST. NW**

City **WASHINGTON**

State **DC**

ZIP Code + 4 **20006**

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

**PROVIDES HEALTH AND SAFETY ASSISTANCE TO RELATED FUNDS AND SIGNATORY EMPLOYERS**

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

**3/29/04-BUILDING TRADES LEGISLATIVE CONF. HAD DINNER AT RESTAURANT**

12.b. Amount.

**\$196**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐

or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State  ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State  ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name MARSH + McLENNAN  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street 1255 23<sup>RD</sup> ST. N.W.  
City WASHINGTON  
State DC ZIP Code + 4 20037

14.a. Nature of payment.

4/23/04 - HAD DINNER AT RESTAURANT  
AMOUNT UNKNOWN. EST. AT \$25.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing **TERRY G. BUMPERS**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **LABORERS' HEALTH + SAFETY FUND (LHSF)**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **905 16th ST. NW**

City **WASHINGTON**

State **DC** ZIP Code + 4 **20006**

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

**PROVIDES HEALTH AND SAFETY ASSISTANCE TO RELATED FUNDS AND SIGNATORY EMPLOYERS**

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

**5/11/04 - MIDWEST TRI-FUND CONF. HAD DINNER AT RESTAURANT**

12.b. Amount.

**\$ 101**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing **TERRY G. BUMPERS**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **LABORERS' HEALTH + SAFETY FUND (LHSE)**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **905 16TH ST. NW**City **WASHINGTON**State **DC**ZIP Code + 4 **20006**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

**PROVIDES HEALTH AND SAFETY ASSISTANCE  
TO RELATED FUNDS AND SIGNATORY EMPLOYERS**

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

**5/20/04  
HAD DINNER AT RESTAURANT**

12.b. Amount.

# 31

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing **TERRY G. Bumpers**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **LABORERS' HEALTH + SAFETY FUND (LHSF)**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **905 16TH ST. NW**City **WASHINGTON**State **DC**ZIP Code + 4 **20006**

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

**PROVIDES HEALTH AND SAFETY ASSISTANCE  
TO RELATED FUNDS AND SIGNATORY EMPLOYERS**

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

**6/29/04 - LELET DIRECTORS COUNCIL  
HAD DINNER AT RESTAURANT**

12.b. Amount.

**\$ 42**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing **TERRY G. Bumpers**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **LABORERS EMPLOYERS COOP. + EDU. TRUST**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **905 16<sup>TH</sup> ST. NW**City **WASHINGTON**State **DC** ZIP Code + 4 **20006**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

**LABORERS EMPLOYERS COOP. TRUST (LELET)  
SECURES PROJECTS + JOBS, INCREASES UNION-  
SECTOR MARKET SHARE, ADVERTISES THEIR  
SERVICES, DEVELOPS A WORKFORCE, AND  
ADVANCES SHARED MARKET RELATED  
INTERESTS**

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

**6/30/04 - LELET DIRECTORS COUNCIL  
BREAKFAST**

12.b. Amount.

**\$28**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>LABORERS EMPLOYERS COOP. + EDU. TRUST</b></p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street <b>905 16<sup>th</sup> ST. NW</b></p> <p>City <b>WASHINGTON</b></p> <p>State <b>DC</b> ZIP Code + 4 <b>20006</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>11.a. Nature of such dealing.</p> <p><b>LABORERS EMPLOYERS COOP. TRUST (LELET) SECURES PROJECTS + JOBS, INCREASES UNION-SECTOR MARKET SHARE, ADVERTISES THEIR SERVICES, DEVELOPS A WORKFORCE, AND ADVANCES SKILLED MARKET RELATED INTERESTS</b></p> <p>11.b. Approximate dollar value of such dealing. </p> <p>12.a. Nature of interest held or income received.</p> <p><b>6/30/04 - LELET DIRECTORS COUNCIL LUNCH</b></p> <p>12.b. Amount. <b>\$ 36</b></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>14.a. Nature of payment.</p> <p> </p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p> </p>





Name of Person Filing **TERRY G. Bumpers**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **LABORERS EMPLOYERS COOP. + EDU. TRUST**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **905 16<sup>th</sup> ST. NW**City **WASHINGTON**State **DC**ZIP Code + 4 **20006**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

**LABORERS EMPLOYERS COOP. TRUST (LECT)  
SECURES PROJECTS + JOBS; INCREASES UNION-  
SECTOR MARKET SHARE, ADVERTISES THEIR  
SERVICES, DEVELOPS A WORKFORCE, AND  
ADVANCES SHARED MARKET RELATED  
INTERESTS**

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

**7/1/04 - LECT DIRECTORS COUNCIL  
BREAKFAST**

12.b. Amount.

**\$28**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing <b>TERRY G. Bumpers</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **LABORERS EMPLOYERS COOP. + EDU. TRUST**  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any:   
Street **905 16<sup>th</sup> ST. NW**  
City **WASHINGTON**  
State **DC** ZIP Code + 4 **20006**

9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any:   
Street   
City   
State   
ZIP Code + 4

11.a. Nature of such dealing.

**LABORERS EMPLOYERS COOP. TRUST (LEET)  
SECURES PROJECTS + JOBS, INCREASES UNION-  
SECTOR MARKET SHARE, ADVERTISES THEIR  
SERVICES, DEVELOPS A WORKFORCE, AND  
ADVANCES SHARED MARKET RELATED  
INTERESTS**

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

**7/9/04 - ATTENDED N. W. REGIONAL CONF.  
DINNER AT RESTAURANT**

12.b. Amount.

**\$48**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any:   
Street   
City   
State   
ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing **TERRY G. BUMPERS**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **MID-ATLANTIC LABORERS EMPLOYERS COOP. TRUST**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **12355 SUNRISE VALLEY DR.**City **RESTON**State **VA**ZIP Code + 4 **20191**

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

**MID-ATLANTIC LABORERS-EMPLOYERS COOP. TRUST SECURES PROJECTS + JOBS, INCREASES UNION SECTOR MARKET SHARE, ADVERTISES THEIR SERVICES, DEVELOPS A WORKFORCE.**

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

**9/21/04**  
**HAD LUNCH AT RESTAURANT. AMOUNT UNKNOWN. EST. AT \$30**

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing **TERRY G. BUMPERS**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **LABORERS' HEALTH + SAFETY FUND (LHSE)**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **905 16th ST. NW**City **WASHINGTON**State **DC**ZIP Code + 4 **20006**

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

**PROVIDES HEALTH AND SAFETY ASSISTANCE  
TO RELATED FUNDS AND SIGNATORY EMPLOYERS**

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

**10/5/04 ATTENDED NAT'L. ALLIANCE FOR  
FAIR CONTRACTING CONF.  
HAD DINNER AT RESTAURANT**

12.b. Amount.

**\$127**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing **TERRY G. Bumpers**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **MID ATLANTIC LABORERS EMPLOYERS COOP. TRUST**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **12355 SUNRISE VALLEY DR**City **RESTON**State **VA**ZIP Code + 4 **20191**

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

**MID-ATLANTIC LABORERS EMPLOYERS COOP. TRUST SECURES PROJECTS + JOBS, INCREASES UNION SECTOR MARKET SHARE, ADVERTISES THEIR SERVICES, DEVELOPS A WORKFORCE**

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

**10/25/04 - ATTENDED LUNCHEON  
10/26/04 - ATTENDED LUNCHEON  
AMOUNTS UNKNOWN. EST. \$30EA.**

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

**TERRY G. BUMPERS**  
**Director of Construction**  
**Laborers' International Union of North America (LIUNA)**

**ADDENDA TO THE LM-30 FORM WHICH IS TO BE  
INCORPORATED AND MADE PART OF THE LM-30 FORM**

**ADDENDUM A (UNSOLICITED GIFTS OR PROMOTIONAL ITEMS)**

On several occasions in 2004, I recall that I was given (a) complimentary promotional item(s), such as a (clothing item, accessory or printed material w/with LIUNA logo, etc.) At no time did I solicit such item(s), and they were sent to my office without my prior knowledge or authorization. I did not retain possession of any of these items nor did any member of my family. I have no knowledge as to the value of the item(s), and do not recall the manufacturer or provider of such (an) item(s).

**ADDENDUM B (UNSOLICITED HOLIDAY GIFTS)**

On several occasions in 2004, particularly during holiday seasons, I recall that I was given complimentary items, a (wine and cheese basket, fruit basket, holiday ham, holiday turkey, gourmet foods, etc.). At no time did I solicit such item(s), and it/they were sent to my office without my prior knowledge or authorization. I did not retain possession of any of these items, as I shared them with the individuals in my office. My actions were in line with published Office of Government Ethics guidelines, which state, "When it is not practical to return a tangible item because it is perishable, the item may, at the discretion of the employee's supervisor or any agency ethics official, be given to an appropriate charity, shared within the recipient's office, or destroyed." C.F.R. 2635.205.

**ADDENDUM D (UNSOLICITED GIFTS – GOLF)**

I recall that I received unsolicited items at golf outings/tournaments, such as a sleeve of balls, a golf club or golf apparel, etc., in connection with a round of golf, which I have reported. At no time did I solicit such an item, and I have no specific recollection of receipt of any such items, nor knowledge as to the value of the item.

**ADDENDUM E (MEALS/EVENTS WITH FRIENDS)**

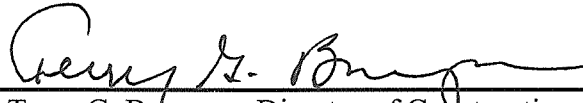
I have personal friendships with individuals who may be employed by reportable entities under the Labor-Management Reporting and Disclosure Act, which exist separate and apart from my role as a union officer/employee. In 2004, it is conceivable that I received the benefit of a meal, refreshment or social event from these individuals, which I did not report because I do not have any records of these personal encounters and have no specific recollection of any benefits received.

#### **ADDENDUM F (MEALS/EVENTS WITHOUT SPECIFIC RECORDS OR RECOLLECTION)**

It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.

#### **ADDENDUM H (UNION TO UNION BENEFITS)**

I am not reporting any benefits that I may have received in 2004 from labor organizations affiliated with the Laborers' International Union of North America ("LIUNA"), my employer, or other labor organizations. My understanding of guidance received by the AFL-CIO from the Department of Labor is that benefits received from LIUNA-affiliated labor organizations and other labor organizations are not reportable on the LM-30 report, and I am following that guidance.



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Terry G. Bumpers, Director of Construction